

# ACES Automated Communications Exchange System

Communicating Electronically with Employers

# **Health File Transfer Certification Process**

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# **Purpose**

This document provides detailed information on the Employer Health File Transfer Certification Process, a prerequisite for participation in the File Transfer Process in production. This document addresses the following subjects:

- · Roles and responsibilities
- Health certification checklist or criteria
- Health certification test conditions
- File layout

**NOTE:** Health employers who fall into one of the following categories must go to and use the Health File Transfer Certification Process, complete the certification conditions for their employer type, and receive approval/sign-off from **both** HBSD **and** AESD:

- Employers requesting Health and Retirement File Transfer Access
- State Employers—Non-Central
- Public agency employers contracting for Retirement and Health Coverage

# **Intended Audience**

The intended audience for this document includes staff in the following roles (detailed role descriptions are found in Roles and Responsibilities below):

- ACES Employer Certifier: CalPERS point-of-contact responsible for contacting employers to determine interest in participating in ACES and assisting employers through the certification process.
- **Employers:** Agencies who expressed interest in participating in ACES File Transfer.
- Health Program Area Staff: CalPERS point-of-contact(s) responsible for business support (i.e., clarifying and/or explaining business rules) to the ACES Employer Certifier and employers.
- PARIS Administrator: CalPERS point-of-contact responsible for receiving and filing security forms and granting/approving user IDs/access to ACES.

# References

Health Benefits Functional Requirements Definition: Identifies the business objectives and scope
of the ACES system that it will address.

# Roles and Responsibilities

### **ACES Employer Certifier:**

- Contacts the Employer to determine Employer interest and participation.
- Provides the Employer with ACES certification information.
- Requests the Employer to send the appropriate security forms
- Upon receipt of the security forms, creates the certification user ID and password.
- Schedules a conference call with the Employer to answer questions they have regarding the certification requirements and process.
- Provides the Employer with the certification user ID, password, and URL.

- Provides the Employer with the list of transaction requirements/certification conditions expected
  results spreadsheet according to the agency/employer type. (Appendix A provides a list of required
  transactions. Appendix C provides examples of agency errors, manual corrections, and PERS/NonPERS Retries that the employer should use to create the expected results of test transactions.)
- Requests test SSNs and transactions from the Employer.
- Prepares the certification environment for testing (requests the SSNs to be loaded into the database).
- Receives the test files, runs the batches, receives the output files, reviews the batch results, and determines the employer's readiness for the next phase of testing.
- Monitors the transaction types and scenarios. Compares the batch results with the expected results.
- Discusses and documents the variances or errors with the file and/or transactions with the Employer.
- Ensures all the items on the File Transfer Certification Criteria Checklist are completed.
- Forwards the completed File Transfer Certification Criteria Checklist, supporting documentation, and the approval sheet to the Program Area(s) for signature.
- If the Program Area does not approve certification, reviews the reasons for rejection with the Employer. After the Employer makes modifications, provides the documentation/proof of modifications to the Program Area for reconsideration.
- Once the Program Area approves certification, forwards the security forms to the PARIS Administrator.

### **Employer:**

- Signs and forwards the security forms to the ACES Employer Certifier.
- Provides a completed list of transaction requirements/certification conditions expected results spreadsheet to the ACES Employer Certifier.
- Provides a list of SSNs that will be used during certification to the ACES Employer Certifier.
- Creates the health file(s) according to the file layout provided in Appendix B so that information extracted from Employer's internal system can be submitted, received, and processed by CalPERS.
- Submits the test file(s), including the test transactions, required in Appendix A. Test conditions vary based on the type of agency submitting files (e.g., State Employer Non-Central, Public Agency Health Only, Public Agency Retirement.) Selects the appropriate list of conditions according to the type of agency participating in the certification process. (See Appendix C in this document for examples of agency errors, manual corrections and PERS/Non-PERS Retry. Employer should use these examples to create the expected results of test transactions.)
- If the test file does not transmit properly, makes the necessary changes to the process(es) and/or program(s) that creates the files so that it corresponds to the CalPERS record layout.
- Submits as many test files as necessary until all the transaction requirements/certification conditions expected results are met.
- If the Program Area rejects the certification, reviews the reasons for rejection with the ACES Employer Certifier and makes the necessary modifications.

### Program Area(s):

- Works with the Employers and the ACES Employer Certifier to resolve any problem encountered during certification or provides exceptions to the list of transaction requirements/certification conditions expected results spreadsheet.
- When certification is complete, reviews the File Transfer Certification Criteria Checklist and supporting documentation provided by the ACES Employer Certifier.
- After reviewing the documentation, approves or rejects the Employer for production. If the Employer
  is approved for certification, signs the File Transfer Certification Approval Sheet and forwards the
  sheet to the ACES Employer Certifier. If the Employer is rejected, document the list of reasons why
  the Employer is not approved and forwards the documentation to the ACES Employer Certifier.

### **PARIS Administrator:**

- Receives and files the security forms.
- Creates the production user ID and password for the Employer's on-site system administrator and provides them with the production URL, user ID, and password and trains them on PARIS.

# **Special Rules and Restrictions**

- As previously discussed, Health Employers who fall into one of the following categories must also
  go through the Health File Transfer Certification Process, complete the certification conditions for
  their Employer type, and receive approval/sign-off from both HBSD and AESD:
  - Employers requesting Health and Retirement File Transfer Access
  - State Employers—Non-Central
  - Public agency employers contracting for Retirement and Health Coverage
- Employers can request a File 27 health extract through the ACES Employer Certifier. The File 27
  extract provides Employers with current CalPERS member data with which Employer data can be
  reconciled. It can also be used if the Employer does not have all the data required to complete the
  required certification conditions.
  - Requests should be made to the ACES Employer Certifier who will complete the service request and submit it to the COMET Application Support Area.
  - Requests for the extract will be provided on an exception basis only and will be provided once.
  - All the information contained in the extract will be provided. The COMET Application Support Area will not customize the extract for Employers.
  - The data will be extracted from the database "as-of" the date requested.
  - Employer will be responsible for keeping their database current. For example, if the Employer receives an HBD-12 after the extract is provided, the Employer is responsible for adding the HBD-12 to their database.
  - The following table lists the values provided by the File 27 extract.

# **ACES Field Values**

Field Name	Maximum Length	Starting position	Comments
SSN	9	1	
Birthdate	8	10	YYYYMMDD
Sex	1	18	M – male, F – female, U – unknown
Relationship	2	19	0 – Subscriber, 1 – Spouse, 2 – Child, 3 – Step child, 4 – Economically dependent child, 5 – Adopted child, 6 – Domestic partner, 7 – Domestic partner child, 15 – Sibling
Health plan code	3	21	
Party Rate	3	24	
Employer code	4	27	
Payroll office	3	31	0 – Active employee, 1 – Retiree, S – COBRA
Zip code	5	34	
County code	2	39	
Coverage type	1	41	1 – Basic, 2 – Supplement to Medicare, 3 – Managed Medicare
Bargaining unit	3	42	
First name	20	45	
Last name	30	65	
Middle name	20	95	Most are just middle initial
Street	30	115	
City	30	145	
State	2	175	

# **Certification Criteria**

	HEALTH
	FILE TRANSFER CERTIFICATION CRITERIA CHECKLIST
	oded as follows: Employer, ACES Employer Certifier, Program Area, PARIS Administrator
1.	ACES Employer Certifier contacted Employer regarding interest in file transfer
2.	Employer provided ACES Employer Certifier with security forms for users that would require access to certification environment.
3.	ACES Employer Certifier created certification user ID and password.
4.	ACES Employer Certifier scheduled and conducted conference call with Employer.
5.	ACES Employer Certifier provided Employer with certification user ID and password
6.	ACES Employer Certifier provided Employer with list of transaction requirements/certification conditions expected results spreadsheet that Employer must submit and return during test cycles (Appendix A – Employer Certification Transactions and Appendix C – Examples of Batch Messages) and file layout (Appendix B – Transmission File Layout).
7.	Employer provided ACES Employer Certifier with list of SSNs to be used during certification testing.
8.	ACES Employer Certifier requested COMET Database Administrator to have SSNs loaded into certification database.
9.	Employer completed and returned list of transaction requirements/certification conditions expected results spreadsheet during test cycles. (See Appendix A - Employer Certification Transactions for list of certification conditions. Test conditions vary based upon the type of agency submitting files. For example: State Employer Non-Central, Public Agency Health Only, Public Agency Retirement Only etc. Select appropriate list of conditions according to type of agency participating in the certification process.). If a certification condition was not applicable to an Employer, provided reason why condition did not apply and attached to the back of a copy of this document.
10.	Employer created and transmitted file(s) according to file layout provided.
11.	If load errors, ACES Employer Certifier worked with Employer to resolve load error problem.  Repeated steps 10-11 until no more load errors.
12.	ACES Employer Certifier ran batch process for file(s) submitted.
13.	ACES Employer Certifier reviewed file(s) submitted and compared and documented results of transactions with list of transaction requirements/certification conditions expected results spreadsheet.
14.	If all required certification transaction requirements/conditions expected results were met, went to step 18. If not all required certification transaction requirements /conditions expected results were met, ACES Employer Certifier notified Employer of those transactions that were not successful.
15.	<b>ACES Employer Certifier</b> worked with <b>Employer</b> to correct problems and trained Employer on results, exceptions, etc.
16.	Employer corrected problems.
17.	Repeated steps 10-16 until all certification transaction requirements/conditions expected results were met.
18.	Employer completed and passed all required certification transaction requirements/conditions expected results.
19.	ACES Employer Certifier provided detail report(s) confirming successful transmission of conditions, attached report(s) to a copy of this sheet and forwarded these documents to

	Program Area(s).
20.	<b>Program Area(s)</b> signed File Transfer Certification Approval sheet(s) and forwarded sheet to ACES Employer Certifier.
21.	If production user ID was different than certification user ID, <b>Employer</b> completed and submitted security forms for on-site system administrator to ACES Employer Certifier.
22.	ACES Employer Certifier forwarded security forms to PARIS Administrator
23.	PARIS Administrator created production user ID for on-site system administrator.
24.	PARIS Administrator notified Employer's on-site system administrator of production PARIS URL, user ID and password and trained on-site system administrator on PARIS.

# **Appendix A: ACES BATCH - EMPLOYER CERTIFICATION TRANSACTIONS**

### State Employer - Non Central

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
1- New Health Enrollment	100 – Tenure Time base	3	1	1	1
	101 – Late or Loss of coverage	2	1	1	
	104 – Open Enrollment	3	2 <sup>1</sup>	1	
	106 – Tenure Time Base or hours (PI)	2	2		
	TOTAL:	10	6	3	1
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	2 <sup>2</sup>		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL:	8	7	0	1
3 - Delete Dependent	302 – Divorce	1	1		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Change in Custody	2	2		
	320 - Open Enrollment Delete Dependent	1	1		
	TOTAL:	9	9	0	0
4 - Change Plans	400 – Open Enrollment	3	2	1	
_	402 – Move	2	1 <sup>3</sup>	1	
	TOTAL:	5	3	2	0

Use a valid health plan to qualify SSN based on "Work" zip code (One transaction ONLY)

Add a Primary Care Physician (PCP) for the new spouse different from subscriber's PCP (One transaction ONLY)
Use a valid health plan to qualify SSN based on "Work" zip code

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
5 - Cancellation of Health Enrollment	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment	1	1		
	TOTAL:	5	5	0	0
6 - Change Coverage Type	602 – Elects Medicare	2			2
	TOTAL:	2	0	0	2
7 - Change Payment Method	704 – Leave of Absence	2	1		1
-	707 – Suspension	2	1		1
	TOTAL:	4	2	0	2
8 - Change Address	Change Address	2	2		
	TOTAL:	2	2	0	0
9 - Participant Demographic Change	Change Name (e.g., due to divorce/marriage)	1	1		
	Birth Date Correction (uncertified by PERS)	1	1		
	Gender Correction	1			1
	TOTAL:	3	2	0	1
10 - Dependent Demographic Change	Add SSN	1			1
	Change Name	1	1		
	Change Date of Birth	1	1		
	TOTAL:	3	2	0	1
11 - PERS enrollment	New appointments				
	Effective Date > 2 weeks in the future	1		1	
	Optional Member – PERS ENROLLMENT	1			1
	New Enrollment	1			
	TOTAL:	2	1	1	1
12 - Change Appointment Status	Permanent Separation	1	1		
	Temporary Separation	1	1		
	TOTAL:	2	2	0	0
13 - Change Coverage Group	Change appointment to another coverage group	1	1		
	TOTAL:	1	1	0	0

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
14 - Change Medical Groups	Change to another Medical Group	1	1		
	TOTAL:	1	1	0	0
17 - COBRA	132 - COBRA Loss of Employment	1	1	0	0
	133 - COBRA Spouse Loss of Coverage	1	1	0	0
	TOTAL:	2	2	0	0
COMBINATION TRANSACTI	│ ONS				
1 & 11 - Appointment and Health	#1 Type - Health Enrollment				
	100 – Tenure Time base	2	24		
	101 – Late or Loss of coverage	2	2		
	104 – Open Enrollment	2	2		
	#11 Type - PERS Appointments				
	TOTAL:	6	6	0	0
3 & 2 - Delete spouse and add new spouse	302 & 201 – same effective date	2	2		
·	302 & 201 – different effective dates	2	2		
4 & 2 - Change Plans and Add Dependent	400 & 202 – different effective dates	2	2		
•	400 & 206 – same effective dates	2	2 <sup>5</sup>		
4 & 3 - Move Change Plans and Delete Dependent	402 & 312 – different effective dates	2	20		
	TOTAL:	10	10	0	0
	TOTAL NUMBER OF TRANSACTIONS:	76	61	6	9

Use a valid health plan to qualify SSN based on "Work" zip code (One set of transactions ONLY)
Use a valid health plan to qualify SSN based on "Work" zip code AND add a Primary Care Physician for a dependent (One set of transactions ONLY)
Use a valid health plan to qualify SSN based on "Work" zip code (One set of transactions ONLY)

# 2 Public Agency Contracting For Health Coverage Only

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment	100 – Tenure Time base	2	2		
	101 – Late or Loss of coverage	2	2		
	104 – Open Enrollment	2	2		
	TOTAL:	6	6	0	0
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	2 1		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL:	8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Change in Custody	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
	TOTAL:	10	10	0	0
4 - Change Plans	400 – Open Enrollment	3	2	1	
	402 – Move	2	12	1	
	TOTAL:	5	3	2	0
5 - Cancellation of Health Enrollment	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
	TOTAL:	5	5	0	0
6 - Change Coverage Type	602 – Elects Medicare	2			2
	TOTAL:	2	0	0	2

Add a Primary Care Physician (PCP) for the new spouse different from subscriber's PCP (One transaction ONLY) Use a valid health plan to qualify SSN based on "Work" zip code

ACES Transaction Type	Event code to use		Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
7 - Change Payment Method	704 – Leave of Absence		2	1		1
	707 – Suspension		2	1		1
		OTAL:	4	2	0	2
8 - Change Address	Change Address		2	2		
	T	OTAL:	2	2	0	0
9 - Participant Demographic Change	Change Name		1	1		
•	Birth Date Change (e.g., due to divorce/marriage)		1	1		
	Gender Correction		1			1
	T	OTAL:	3	2	0	1
10 - Dependent Demographic Change	Add SSN		1			1
<u> </u>	Change Name		1	1		
	Change Date of Birth		1	1		
	T	OTAL:	3	2	0	1
12 - Change Appointment Status	Perm Sep, LOA and return from LOA		3	1	1	1
	T	OTAL:	3	1	1	1
14 - Change Medical Groups	Change to another Medical Group		2	1	1	
	T	OTAL:	2	1	1	0
17 - COBRA	132 - COBRA Loss of Employment		1	1	0	0
	133 - COBRA Spouse Loss of Coverage	e	1	1	0	0
	T	OTAL:	2	2	0	0
<b>COMBINATION TRANSACTI</b>	ONS					
3 & 2 - Delete spouse and add new spouse	302 & 201 – same effective date		2	2		
	302 & 201 – different effective dates		2	2		
	T	OTAL:	4	4	0	0

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
4 & 2 - Change Plans and Add Dependent	400 & 202 – different effective dates	2	2		
	400 & 206 – same effective dates	2	2 <sup>3</sup>		
	TOTAL	4	4	0	0
4 & 3 - Move Change Plans and Delete Dependent	402 & 312 – different effective dates	2	2 4		
	TOTAL	2	2	0	0
	TOTAL NUMBER OF TRANSACTIONS	65	53	4	8

Use a valid health plan to qualify SSN based on "Work" zip code AND add a Primary Care Physician for a dependent (One set of transactions ONLY)

Use a valid health plan to qualify SSN based on "Work" zip code (One transaction ONLY)

# 3 Public Agency Contracting For Retirement And Health Coverage

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment	100 – Tenure Time base	3	1	1	1
	101 – Late or Loss of coverage	2	1	1	
	104 – Open Enrollment	3	2 <sup>1</sup>	1	
	TOTAL:	8	4	3	1
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	22		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL:	8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
·	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Change of Custody	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
	TOTAL:	10	10	0	0
4 - Change Plans	400 – Open Enrollment	3	2	1	
	402 – Move	2	1   3	1	
	TOTAL:	5	3	2	0
5 - Cancellation of Health Enrollment	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
	TOTAL:	5	5	0	0
6 - Change Coverage Type	602 – Elects Medicare	2			2
	TOTAL:	2	0	0	2

Use a valid health plan to qualify SSN based on "Work" zip code (One transaction ONLY)
Add a Primary Care Physician (PCP) for the spouse different from subscriber's PCP (One transaction ONLY)
Use a valid health plan to qualify SSN based on "Work" zip code

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
7 - Change Payment Method	704 – Leave of Absence	2	1		1
	707 – Suspension	2	1		1
	TOTAL:	4	2	0	2
8 - Change Address	Change Address	2	2		
	TOTAL:	2	2	0	0
9 - Participant Demographic Change	Change Name (e.g. due to marriage/divorce)	1	1		
	Birthdate (uncertified by PERS) correction	1	1		
	Gender correction	1	1		
	TOTAL:	3	3	0	0
10 - Dependent Demographic Change	Add SSN	1			1
	Change Name	1	1		
	Change Date of Birth	1	1		
	TOTAL:	3	2	0	1
11 - PERS enrollment					
	Effective date > 2 weeks in future	1		1	
	New PERS Enrollment	1	1		
	Returns to Active Status after Permanent Separation	1	1		
	TOTAL:	3	2	1	0
12 - Change Appointment Status	Permanent Separation	1	1		
	Temporary Separation	1	1		
	TOTAL:	2	2	0	0
13 - Change Coverage Group	Appointment to another coverage group	1	1		
	TOTAL:	1	1	0	0
17 - COBRA	132 - COBRA Loss of Employment	1	1	0	0
	133 - COBRA Spouse Loss of Coverage	1	1	0	0
	TOTAL:	2	2	0	0

ACES Transaction Type	Event code to use		Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
COMBINATION TRANSACTI	ONS					
1 & 11 - New appt with health enrollment						
	100 – Tenure Time base		2	2 <sup>4</sup>		
	101 – Late or Loss of coverage		2	2		
	104 – Open Enrollment		2	2		
		TOTAL:	6	6	0	0
3 & 2 - Delete spouse and add new spouse	302 & 201 – same effective date		2	2		
·	302 & 201 – different effective dates		2	2		
		TOTAL:	4	4	0	0
4 & 2 - Change Plans and Add Dependent	400 & 202 – different effective dates		2	2		
	400 & 206 – same effective dates		2	2 <sup>5</sup>		
		TOTAL:	4	4	0	0
4 & 3 - Move Change Plans and Delete Dependent	402 & 312 – different effective dates		2	2 6		
·		TOTAL:	2	2	0	0
	TOTAL NUMBER OF TRANSA	CTIONS:	74	61	6	7

Use a valid health plan to qualify SSN based on "Work" zip code
Use a valid health plan to qualify SSN based on "Work" zip code AND add a Primary Care Physician for a dependent (One set of transactions ONLY)
Use a valid health plan to qualify SSN based on "Work" zip code (One set of transactions ONLY)

# State Employer – State Central

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 - New Health Enrollment	100 – Tenure Time base	3	1	1	1
	101 – Late or Loss of coverage	2	1	1	
	104 – Open Enrollment	3	2 <sup>1</sup>	1	
	106 – Tenure Time Base or hours (PI)	2	2		
	TOTAL:	10	6	3	1
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	22		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL:	8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Change in Custody	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
	TOTAL:	10	10	0	0
4 - Change Plans	400 – Open Enrollment	3	2	1	
	402 – Move	2	1 <sup>3</sup>	1	
	TOTAL:	5	3	2	0
5 - Cancellation of Health Enrollment	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2	<u> </u>	
	530 – Open Enrollment Cancel Coverage	1	1		
	TOTAL:	5	5	0	0

Use a valid health plan to qualify SSN based on "Work" zip code (One transaction only)
Add a Primary Care Physician for the spouse (One transaction only)
Use a valid health plan to qualify SSN based on "Work" zip code

ACES Transaction Type	Event code to use		Number of Transactions per file	Successfully Applied	Agency Error	Manual Correction
6 - Change Coverage Type	602 – Elects Medicare		2	0		2
	TOTA	AL:	2	0	0	2
7 - Change Payment Method	704 – Leave of Absence		2	1		1
	707 – Suspension		2	1		1
	TOTA	AL:	4	2	0	2
8 - Change Address	Change Address		2	2		
	TOTA	AL:	2	2	0	0
10 - Dependent Demographic Change	Add SSN		1			1
	Change Name		1	1		
	Change Date of Birth		1	1		
	TOT	AL:	3	2	0	1
17 - COBRA	132 - COBRA Loss of Employment		1	1	0	0
	133 - COBRA Spouse Loss of Coverage		1	1	0	0
	TOTA	AL:	2	2	0	0
<b>COMBINATION TRANSACTI</b>	ONS					
3 & 2 – Delete spouse and add new spouse	302 & 201 – same effective date		2	2		
•	302 & 201 – different effective dates		2	2		
4 & 2 - Change Plans and Add Dependent	400 & 202 – different effective dates		2	2		
·	400 & 206 – same effective dates		2	24		
4 & 3 - Move Change Plans and Delete Dependent	402 & 312 – different effective dates		2	25		
·	TOTA	AL:	10	10	0	0
	TOTAL NUMBER OF TRANSACTION	NS:	61	49	5	7

Use a valid health plan to qualify SSN based on "Work" zip code AND add a Primary Care Physician for a dependent (One set of transactions ONLY) Use a valid health plan to qualify SSN based on "Work" zip code (One set of transactions ONLY)

# State Employer - California State University System

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 – New Health Enrollment	100 – Tenure Time base	3	2	1	
	101 – Late or Loss of coverage	2	1	1	
	104 – Open Enrollment	3	2 1	1	
	TOTAL	8	5	3	0
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	25		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL	8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Vacate Household	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
	TOTAL	10	10	0	0
4 - Change Plans	400 – Open Enrollment	3	2	1	
	402 – Move	2	1 3	1	
	TOTAL	5	3	2	0
5 - Cancellation of Health Enrollment	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
	TOTAL	3	3	0	0

Use a valid health plan to qualify SSN based on "Work" zip code (One transaction only)
Add a Primary Care Physician (PCP) for the spouse different from subscriber's PCP (One transaction only)
Use a valid health plan to qualify SSN based on "Work" zip code

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
COMBINATION TRANSACT	TIONS				
3 & 2 – Delete spouse and add new spouse	302 & 201 – same effective date	2	2		
	302 & 201 – different effective dates	2	2		
4 & 2 - Change Plans and Add Dependent	400 & 202 – different effective dates	2	2		
	400 & 206 – same effective dates	2	2 <sup>4</sup>		
4 & 3 - Move Change Plans and Delete Dependent	402 & 312 – different effective dates	2	25		
	TOTAL:	10	10	0	0
	TOTAL NUMBER OF TRANSACTIONS:	44	38	5	1

# Non-PERS – Do NOT Qualify for Retirement

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 – New Health Enrollment for Non-PERS employee	100 – Tenure Time base	2	2		
	101 – Late or Loss of coverage	2	2		
	104 – Open Enrollment	2	2		
	TOTAL:	6	6	0	0
	TOTAL NUMBER OF TRANSACTIONS:	6	6	0	0

Use a valid health plan to qualify SSN based on "Work" zip code AND add a Primary Care Physician for a dependent (One set of transactions ONLY)
Use a valid health plan to qualify SSN based on "Work" zip code (One set of transactions ONLY)
Use a valid health plan to qualify SSN based on "Work" zip code (One set of transactions ONLY)

# State Employer - Non-PERS - Do NOT Qualify for Retirement

ACES Transaction Type	Event code to use	Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
1 – New Health Enrollment	100 – Tenure Time base	2	2 1		
	101 – Late or Loss of coverage	2	2		
	104 – Open Enrollment	2	2		
	106 – Tenure Time Base or hours (PI)	2	2		
	TOTAL:	8	8	0	0
2 - Add Dependent	200 – Birth or Adoption or Placement	2	1		1
	201 – Marriage (addition of spouse)	2	<b>2</b> <sup>2</sup>		
	202 – Custody change	1	1		
	203 – Economically Dependent	1	1		
	204 – Loss of Other Coverage	2	2		
	TOTAL:	8	7	0	1
3 - Delete Dependent	302 – Divorce	2	2		
	303 – Child Marriage	2	2		
	307 – Gains Other Coverage	2	2		
	310 – Loss Economic Dependent	1	1		
	312 – Vacate Household	2	2		
	320 – Open Enrollment Delete Dependent	1	1		
	TOTAL:	10	10		0
4 - Change Plans	400 – Open Enrollment	3	2	1	
	402 – Move	2	1 3	1	
	TOTAL:	5	3	2	0
5 - Cancellation of Health Enrollment	500 – Insufficient Hours	2	2		
	505 – Subscriber Request	2	2		
	530 – Open Enrollment Cancel Coverage	1	1		
	TOTAL:	5	5	0	0

Add a Primary Care Physician (PCP) for the new spouse different from subscriber's PCP (One transaction ONLY)
Use a valid health plan to qualify SSN based on "Work" zip code

ACES Transaction Type	Event code to use		Number of Transactions per file	Successfully Applied SA	Agency Error AE	Manual Correction MC
6 - Change Coverage Type	602 – Elects Medicare		2			2
		TOTAL:	2	0	0	2
7 - Change Payment Method	704 – Leave of Absence		2	1	1	
	707 – Suspension		2	1	1	
		TOTAL:	4	2	2	0
10 - Dependent Demographic Change	Add SSN		1			1
	Change Name		1	1		
	Change Date of Birth		1	1		
		TOTAL:	3	2	0	1
17 - COBRA	132 - COBRA Loss of Employment		1	1	0	0
	133 - COBRA Spouse Loss of Coverage		1	1	0	0
		TOTAL:	2	2	0	0
COMBINATION TRANSACT	IONS					
3 & 2 – Delete spouse and add new spouse	302 & 201 – same effective date		2	2		
	302 & 201 – different effective dates		2	2		
		TOTAL:	4	4	0	0
4 & 2 – Change Plans and Add Dependent	400 & 202 – different effective dates		2	2		
·	400 & 206 – same effective dates		2	24		
	-	TOTAL:	4	4	0	0
4 & 3 - Move Change Plans and Delete Dependent	402 & 312 – different effective dates		2	2 5		
		TOTAL:	2	2	0	0
	TOTAL NUMBER OF TRANSAC	TIONS:	57	49	4	4

Use a valid health plan to qualify SSN based on "Work" zip code AND add a Primary Care Physician for a dependent (One set of transactions ONLY) Use a valid health plan to qualify SSN based on "Work" zip code (One set of transactions ONLY)

# **Appendix B: TRANSMISSION FILE LAYOUT**

# \*Effective February 17, 2004\*

Transmiss	Transmission File Layout							
Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
All	Record Type	1	3	N	R	100		Header: 1 per Transmission
						300		Participant: 1-n per Transmission
						400		Health Subscriber: 1 per Participant
						500		Health Dependent : 0-n per Health Subscriber
						700		Remark : 0-1 per Participant
						900		Footer: 1 per Transmission
100 Header	Extract Date/Time	4	14	ccyymmddhhmmss	R			Date/Time the extract was produced.
	Transmission Organization Id	18	16	N	R			Unique Organization Identifier for the agency submitting the file.
	Processing Detail Format	34	1	A	R	(A)II (E)xceptions	1	ACES Processing Detail File selection preference. Indicates whether All transactions will be included or only the Exceptions.
	Email	35	255	A	0			The e-mail address that the ACES Processing Summary will be sent to.
	Record Length	289						
300 Participant	Transaction #	4	6	N	R			Unique transaction number within the transmission file, used to link the related record types. The Transaction numbering sequence will be from 1 to 999999 for each transmission file that is submitted by the agency.
	SSN	10	9	N	R			Participant's SSN.
	Transaction Type	19	3	Α	R		Υ	Indicates the type of transaction that is being submitted by the agency.
	Organization Id	22	16	N	0			Identifies the participant's employer. Unique Organization identifier used within the COMET database.
	SCO Agency Code	38	3	N	С			Identifies the participant's employer. Required if Pay Entity code = 1 (SCO). SCO Position # = Agency (3), Unit (3), Class (4), Serial (3).
	SCO Department Code	41	3	N	С			Identifies the participant's employer. Required if Pay Entity code = 1 (SCO). For Department of Food & Agriculture's district use only.
	SCO Unit Code	44	3	N	0			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).

	Tra	nsmission File Layout							
Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
		SCO Class Code	47	4	N	0			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).
		SCO Serial Number	51	3	N	0			Part of the SCO Position Number. SCO Position # = Agency (3), Unit (3), Class (4), Serial (3). Used only for New Enrollments (Tran Type = 1 or 11) if Pay Entity code = 1 (SCO).
		PERS ER Code	54	4	N	С			Identifies the participant's employer. Required if Pay Entity code <> 1 (SCO).
		PERS School Agency Code	58	3	N	С			Identifies the participant's employer. Required if Pay Entity code <> 1 (SCO). Used for school districts.
		Pay Entity	61	3	А	R		Υ	Identifies the entity that processes the employee's payroll and health deductions.
		Payroll Office Code	64	1	A	С		Y	Identifies the type of agency and the employment status. Required for New Health Enrollments (Tran Type = 1).
		Agency Employee Id	65	16	А	0			Agency's employee identification to be included in feedback file. Will not be stored within the COMET database.
		Last Name	81	30	Α	С			Required for New Enrollments (Tran Type = 1 or 11).
		First Name	111	20	Α	0			Should be provided unless the employee does not have a first name.
		Middle Name	131	20	Α	0			
		Name Suffix	151	4	A	0		Υ	
		Gender	155	1	A	С	M/F		Required for New Enrollments (Tran Type = 1 or 11).
		Birth Date	156	8	ccyymmdd	R			
		New Birth Date	164	8	ccyymmdd	С			Participant's updated birthdate. Required for birthdate corrections.
		Daytime Phone Area	172	3	N	0			Participant's phone area.
		Daytime Phone	175	7	N	0			Participant's phone number.
		Daytime Phone Extension	182	5	N	0			Participant's phone extension.
		Death Date	187	8	ccyymmdd	0			
		Addr Type	195	3	A	О	"1"- (Mailing) "5" - (Residential)		Describes the subscriber's type of address.
		Street Address	198		A	R			Required for Domestic and International addresses. This field is currently limited to 28 characters.
		Alt Address Line	228	30	А	0			Optional for Domestic and International addresses. This field isn't currently used. It is included to support future functionality.
		Suppl Address Type	258	3	A	С		Υ	Required if Supplemental Address Line is provided. The title which will appear at the beginning of a supplemental address line when the address is displayed or printed.
		Suppl Address Line	261	30	A	С			Required if Supplemental Address Type is provided.

	Tra	nsmission File Layout							
Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
		Mail Stop	291	10	А	0			Optional for Domestic and International addresses. Indicates a code frequently used with private mailbox rental services, such as Mail Boxes Etc.
		City	301	30	А	R			Required for Domestic and International addresses. This field is currently limited to 21 characters.
		State	331	2	Α	С			Required for Domestic addresses.
		Zip Code 5	333	5	N	С			Required for Domestic addresses.
		Zip Code 4	338	4	N	0			Optional for Domestic addresses.
		Zip Code 2	342	2	N	0			Optional for Domestic addresses.
		Province/Territory	344	4	Α	С		Υ	Required for International Addresses in Canada and Mexico.
		Country	348	4	Α	С		Υ	Required for International Addresses. Blank for domestic addresses.
		Foreign Postal Code	352	12	Α	0			Only Applies to Foreign Addresses.
		Hire Date	364	8	ccyymmdd	С			The date the participant began working for the agency. Required for New PERS Enrollments (Tran Type = 11) and Non-PERS Health Enrollments (Tran Type = 1).
		Health Eligibility Date	372	8	ccyymmdd	С			Required for all New Health Enrollments (Tran Type = 1). Date participant is eligible for health benefits.
		Appointment Status	380	3	Α	С		Y	Required for New PERS Enrollments (Tran Type = 11), Appointment Status Changes (Tran Type = 12) and Non-PERS Health Enrollments (Tran Type = 1). Identifies the participant's appointment status.
		Retirement System	383	3	A	С		Y	Required for New PERS Enrollments (Tran Type = 11) and Non-PERS Health Enrollments (Tran Type = 1). Identifies the participant's retirement system.
		Bargaining Rank	386	3	А	С			Required for State Agencies. Required for Non-PERS Health Enrollments (Tran Type = 1). The Employee Designation of the participant's Collective Bargaining Unit.
		Bargaining Unit	389	3	А	С			Required for State Agencies. Required for Non-PERS Health Enrollments (Tran Type = 1). The specific unit from the participant's Collective Bargaining Unit.
		Address Effective Date	392	8	ccyymmdd	0		1	Default to Current Date.
		Appt Transaction Eff Date	400	8	ccyymmdd	С			The Effective Date of the Appointment Transaction. Required for New PERS Enrollments and Appointment Changes (Transaction Types 11-16).
		PERS Coverage Group	408	5	N	С			Required for New PERS Enrollments and Coverage Group Changes (Tran Type 11 & 13).
		Appt Qualification Eff Date	413	8	ccyymmdd	С			The date that the participant's appointment (with this employer) qualifies for PERS membership. Required for New PERS Enrollments (Tran Type = 11) if either the Manual Enrollment Indicator or Optional Member Indicator = Y.

	Tra	nsmission File Layout							
Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
		Manual Enrollment Ind	421	1	А	С	Y/N		Indicates if the employee must be manually enrolled. Set to 'Y if the employee is already a member of PERS or if the employee has completed 1000 hours or 125 days in a fiscal year. Replaces the checkboxes at the bottom of the AESD-1 form (Tran Type = 11).
		Optional Member Ind	422	1	А	С	Y/N		Required for New PERS Enrollments (Tran Type = 11). Indicates if the employee's PERS enrollment is optional or not. Default to 'N'.
		RBO Phone Area	423	3	N	0			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
		RBO Phone	426	7	N	0			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
		RBO Extension	433	5	N	0			Retirement Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
		Appt ID	438	16	N	0			For CalPERS use only.
		Appt Tenure	454	3	A	С		Y	Required for New PERS Enrollments and Appt Tenure Changes (Tran Type = 11 & 16). Indicates the duration of an appointment. For instance an appointment may be temporary, or it may be permanent.
		Temp Number of Months	457	3	N	С			The number of months from the appointment tenure effective date that a temporary or limited term appointment will expire. Either the Temp Number of Months or the Temp Expiration Date is required if the Appt Tenure = "Temporary" or "Limited Term".
		Temp Expiration Date	460	8	ccyymmdd	С			The expiration date of a temporary or limited term appointment will expire. Either the Temp Number of Months or the Temp Expiration Date is required if the Appt Tenure = "Temporary" or "Limited Term".
		Appt Time Base	468	3	A	С		Y	Required for New PERS Enrollments and Appt Time Base Changes (Tran Type = 11 & 15). Identifies the amount of time, typically measured by weekly hours, an individual works at an Appointment. Examples are Full Time and Part Time.
		Average Per Week Hours	471	6	N	С			The average number of weekly hours the individual is expected to work.  Required only if Appt Time Base = "Part Time".
		Standard Per Week Hours	477	6	N	С			The standard number of hours normally worked for a full time position in one week. Required only if Appt Time Base = "Part Time".
		Medical Group	483	3	А	С			Required for New Enrollments (Tran Type = 1 or 11) for Public Agencies and Schools that contract for Health Benefits (Active Health Unit).
		Record Length	485						

	Tra	nsmission File Layout							
Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
	400 Health Subscriber	Transaction #	4	6	N	R			Same transaction number as Participant.
		Eligibility Basis	10	3	А	С		Y	Required for Non-PERS, COBRA, Retirement and Survivor New Enrollments. Indicates whether subscriber qualifies through employment, retirement etc.
		Health Event Reason Code	13	3	A	С		Y	Required for all Health Enrollments and Modifications. The ACES Transaction Type of the Health Event Reason Code must correspond with the Transaction Type (see Appendix C of the FRD).
		Health Event Effective Date	16	8	ccyymmdd	С			Required for Health Enrollments and Modifications. The date the Health Enrollment or Modification is effective.
		Event Date	24	8	ccyymmdd	С			Required for Health Enrollments and Modifications. This is the date that qualifies or disqualifies the individual(s) for the health event.
		Eligibility Zip	32	5	N	О			This is only necessary if different from the mailing zip code – impacts eligibility for health plans.
		Plan Code	37	3	A	С		Y	Required on all Health enrollments and Modifications except for Cancellations and Premium Payment Method Changes. 1st 3 digits of plan code. Identifies the health carrier.
		Party Rate	40	1	Α	С			Required on all Health enrollments and Modifications except for Cancellations and Premium Payment Method Changes. 4th digit of plan code. Identifies the number of individuals that are associated with an enrollment.
		Primary Care Physician	41	30	A	0			Subscriber's Primary Care Physician.
		Coverage Type	71	3	Α	0		Υ	Basic or Medicare. Defaults to Basic.
		Medical Group	74	3	Α	С			Required for Public Agencies and Schools (Active Health Unit).
		Qualifying SSN	77	9	N	С			Required for all COBRA and survivor new enrollments. Identifies the participant that qualifies the survivor or COBRA subscriber for health coverage.
		Spouse SSN	86	9	N	С			Required if Subscriber is married, even if the spouse is not covered. Used to locate dependents and to check for existing health coverage.
		COBRA Start Date	95	8	ccyymmdd	С			The date on which COBRA coverage began for the enrollee. This date may be different from the coverage effective date in cases of new contracting agencies. Required for COBRA new enrollments.
		COBRA End Date	103	8	ccyymmdd	С			The date on which COBRA coverage is set to end for the enrollee. Required for COBRA New Enrollments.
		HBO Received Date	111	8	ccyymmdd	С			The date the health form was received by the agency's Health Benefits Officer. Required for Health Enrollments and Modifications.

	Т	ransmission File Layout							
Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
		HBO Phone Area	119	3	N	0			Health Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
		HBO Phone	122	7	N	0			Health Benefits Officer phone number. For exception reporting only. Reviewed by CalPERS staff only in case of exception.
		HBO Phone Extension	129	5	N	0			Health Benefits Officer phone number. For exception reporting only.
		Eligibility Zip Type	134	3	A	C/O		Y	If the Eligibility Zip field is populated, use this field to indicate the type of Eligibility Zip. If an Eligibility Zip is provided, but this field is blank, the field defaults to '1' (home zip)
		Record Length	136						
	500 Health Dependent	Transaction #	4	6	N	R			Same transaction number as Participant.
		Action Code	10	1	A	С	(A)dd, (C)ha (D)elete or blank	nge,	Identifies Dependent Action for transaction. A blank value indicates that the transaction does not impact the dependent.
		SSN	11	9	N	С			Dependent's SSN. Required for spouse.
		Last Name	20	30	Α	R			Dependent's Last Name.
		First Name	50	20	Α	R			Dependent's First Name.
		Middle Name	70	20	Α	0			Dependent's Middle Name.
		Name Suffix	90	4	Α	0			Dependent's Name Suffix.
		Gender	94	1	A	С	M/F		Most can be derived from Legacy Dependent Relation Code – except for Economically Dependent. Required if COMET Dependent Relationship Code is provided.
		Birth Date	95	8	ccyymmdd	R			Dependent's Birth Date.
		New Birth Date	103	8	ccyymmdd	С			Dependent's updated birth date. Required for birth date corrections.
		Death Date	111	8	ccyymmdd	0			
		Legacy Relationship Code	119	3	А	С		Υ	Identifies the dependent's relationship to the subscriber. Either the Legacy or COMET value is required if the Dependent Action = "Add".
		COMET Relationship Code	122	3	А	С		Υ	Identifies the dependent's relationship to the subscriber. Either the Legacy or the COMET value is required if the Dependent Action = "Add".
		Coverage Type	125	3	Α	0		Υ	Medicare or Basic. Defaults to Basic.
		Primary Care Physician	128	30	A	0			Dependent's Primary Care Physician.
		Record Length	157						

	Trai	nsmission File Layout							
Revised	Record Type	Attribute	Position	Length	Format A=Alpha N=Numeric	Required Conditional Optional	Valid Values	List of Values	Description
	700 Remark	Transaction #	4	6	N	R			Same transaction number as Participant.
		Remark	10	255	А	0			Contains the Agency's remarks regarding the transaction record. Used for exception reporting only. Reviewed by CalPERS staff only in case of exception.
		Record Length	264						
	900 Footer	Record Count	4	6	N	R			Total number of records submitted. Includes Header and Footer.
		Transaction Count	10	6	N	R			Total number of Participant transactions submitted. 1 Participant, 1 Health Subscriber and 3 dependents = 1 transaction.
		Record Length	15						
		NOTES:							
		* Each Record Type will be fix	ed len	gth.					
		* Blank date fields must be filled with spaces not zero * Numeric fields must be right justified with leading zero							
					th leading zeroes.				
		* Alphanumeric fields must be left justified with trailing spaces.							
		* Optional fields (Numeric and	eric) can be filled wit	h spaces.					

# **Appendix C: EXAMPLES OF BATCH MESSAGES**

The following lists common examples batch messages. These examples will help test some of the conditions listed in Appendix A. These are meant to be examples and not intended to be an all-inclusive list of error types. For a complete listing of batch messages, contact the ACES Employer Certifier.

AGENCY ERROR					
Message Number:	1				
Message Provided:	The transaction code is missing				
Description:	Transactions are missing information required to complete the process				
Resolution:	Provide missing information and re-submit the transaction for processing				
Message Number:	2				
Message Provided:	The Health Event Reason Code is required				
Description:	Transactions are missing information required to complete the process				
Resolution:	Provide missing information and re-submit the transaction for processing				
Message Number:	8				
Message Provided:	Subscriber already covered with the agency as of the transaction record effective date				
Description:	Subscriber is already covered by agency				
Resolution:	Verify if this transaction is a duplicate of a prior transaction or if the coverage should have been cancelled				
Message Number:	11				
Message Provided:	Health Plan is invalid				
Description: Resolution:	Health Plan selected was not available in the subscriber's service area. (i.e., the transaction had an SCO plan code that was invalid.				
	Check health plan selected, select new health plan if necessary, and resubmit request.				
Message Number:	51				
Message Provided:	Participant's Address is required				
Description:	If the transaction is a New Health Enrollment (tran type 1), then the participant must have an address on COMET that is in effect on the health enrollment effective date. If not, then the transaction must have a valid address.				
Resolution:	If possible, enter an address for the participant or contact CalPERS staff to update the address. CalPERS or the Agency can resubmit the transaction the following day.				

	MANUAL CORRECTIONS							
Message Number:	4							
Message Provided:	Health Event Reason Code designated for Manual Processing							
Description:	Any COBRA or Medicare Enrollment							
Resolution:	CalPERS will manually process this transaction and change the status to Completed. When the status has been updated, you will receive confirmation of the completed transaction on a future detail report.							

Message Number:	9
Message Provided:	Subscriber already covered with another agency as of the transaction record
Description:	Coverage for health already exists, but the appointment that qualifies the participant for coverage is with another appointment.
Resolution:	CalPERS will research other coverage and contact you if this is a dual coverage situation. In some cases, if the member is already enrolled with COBRA, the COBRA enrollment may require cancellation prior to the new enrollment being processed. If the member is already covered by another agency, the transaction status will be changed to Denied and a confirmation will be provided in a future detail report. The agency is then required to research the coverage. The agency should contact the Employee and CalPERS for further information regarding the other coverage.
Message Number:	17
Message Provided:	SSN is required for spouse/domestic partner
Description:	Added a dependent spouse/domestic partner without a SSN
Resolution:	CalPERS will contact you to request the dependent's SSN or you can update the dependent's SSN and reprocess the transaction prior to CalPERS contacting you. If the dependent does not have an SSN, contact CalPERS for manual processing.
Message Number:	35
Message Provided:	Dependent not found, dependent's coverage was not cancelled
Description:	Attempted Cancel Dependent transaction, but dependent could not be found using SSN supplied
Resolution:	CalPERS will update the dependent's SSN and change the status to Resubmit. You will receive confirmation on a future detail report when the status has been updated and the transaction has been Successfully Applied or erred for another reason.
Message Number:	40
Message Provided:	Dependent not found, dependent's coverage was not changed
Description:	Attempted Change Coverage Type transaction, but dependent could not be found using SSN supplied
Resolution:	If necessary, CalPERS will validate and update the name and date of birth of the dependent or verify if the dependent was already deleted prior to this transaction.
Message Number:	44
Message Provided:	The birth date on the dependent with SSN was, but COMET has a birth date of
Description: Resolution:	DOB entered for a dependent did not match DOB and SSN in COMET.  CalPERS will contact the agency to validate and update the correct date of birth for the dependent and change the status to Resubmit. You will receive confirmation on a future detail summary when the status has been updated and the transaction has been Successfully Applied or erred for another reason.

	INFORMATIONAL MESSAGES					
Message Number:	15					
Message Provided:	COMET will use an Effective Date of, but the agency submitted Effective Date of					
Description:	This message is provided if the COMET derived effective date differs from the agency's date.					
Resolution:	The effective date was changed from what was submitted on the transaction. The agency should validate which effective date is correct and contact the employee with the changes. If the original effective date provided by the agency should be used, contact CaIPERS for corrections. You will <b>not</b> be automatically notified of the correction in effective date. You can access Participant Inquiry the following day to confirm if the effective date was changed.					

Message Number:	19
Message Provided:	Agency supplied health plan does not differ from the current health plan.
Description:	A Change Plan transaction was sent, but new plan submitted was the same as current plan.
Resolution:	This transaction was not processed! Verify if the Change of Health Plan was already processed or verify if this transaction should really be a change of health plans.
Message Number:	22
Message Provided:	COMET will use a Party Rate of, but the agency submitted Party Rate of
Description:	After the transaction has been processed, the new COMET party rate is computed and compared to the value submitted by the agency. If they differ, this message is displayed
Resolution:	Validate that the appropriate dependents were updated or deleted as submitted. Contact CalPERS to resolve any discrepancies.

	MISCELLANEOUS
PERS Retry:	Submitted a PERS qualifying appointment with a health enrollment attached. The HB enrollment will fall out of PERS Retry will then be processed the next day (24 hours later or the next time the batch runs).
Non-PERS Retry:	A health enrollment was submitted before the appointment information was entered or recognized in COMET system. The Health Benefits enrollment will fall out of Non-PERS Retry and will then be processed the next day (24 hours later or the next time the batch runs).